

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 2					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. SP0700-01-D-9406			2. DELIVERY ORDER NO. 2032		3. DATE OF ORDER (YYMMDD) 2003 AUG 20		4. REQUISITION/PURCH REQUEST NO. YPC03232000642		5. PRIORITY				
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS 3990 E. BROAD STREET P.O. BOX 16704 COLUMBUS, OH 43216-5010			CODE SP0700		7. ADMINISTERED BY (If other than 6) SC0700 DEFENSE SUPPLY CENTER COLUM DSCC-ABA01 614-692-1425 FAX 4648 BOX 16704 (TRANS 614-692-2175) COLUMBUS OHIO 43215-5010			CODE SP0700		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)			
9. CONTRACTOR MCDONNELL DOUGLAS CORPORATION A WHOLLY OWNED SUBSIDIARY OF THE BOEING COMPANY J.S. MCDONNELL BLVD. P.O. BOX 516 SAINT LOUIS MO 63166-0516			CODE 76301		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED				
NAME AND ADDRESS							12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT		13. MAIL INVOICES TO SEE BLOCK 15				
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			CODE		15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER ATTN DFAS CO BVDPC/CC CONSTRUCTION 3990 E BROAD ST PO BOX 182317 COLUMBUS, OH 43218-6203			CODE S33181		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER			
16. TYPE OF ORDER													
DELIVERY		<input checked="" type="checkbox"/>		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
PURCHASE		<input type="checkbox"/>		Reference your _____ and furnish the following on terms specified herein.									
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		Remarks: Terms and conditions are in accordance with Basic Contract. Vendor's copy was sent EDI. Do not duplicate shipment.											
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA BY: POPS Auto Award			25. TOTAL \$ 468.85				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			

SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code LBL

P/N 68A692703-1001 Manufacturer's CAGE - 76301

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7101	PR YPC03232000642	1	EA	468.85	468.85
	NSN 4710-00-562-7697				

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: DEST
ACCEPTANCE POINT: DEST

DELIVERY FOB: ORIGIN BY: 2003 AUG 30

PARCEL POST ADDRESS:

FREIGHT ADDRESS:
FB6372
FB6372 173 LRS LGRD
KINGSLEY FLD CML PHN 541 885 6659
223 ARNOLD AVE STE 47
KLAMATH FALLS, OR 97603-2111

M/F: (TCN) FB637232290069
RDD: PROJ:
PRIORITY: 12

END OF AWARD